



# Application for Admission

Please use blue or black ink to complete both sides of the application. Submit to:  
Glen Oaks Community College, Admissions Office, 62249 Shimmel Road, Centreville, MI 49032

Legal Last Name

Legal First Name

Middle Initial

Suffix (If applicable)

Former Last Name(s)

We request your social security number (SSN) and date of birth for identification purposes only. You must provide an SSN to apply for federal financial aid. Failure to do so may result in IRS penalties.

Social Security Number (optional)

Date of Birth (optional)

Month

Day

Year

Glen Oaks requires you to verify your address at the time of registration. Your identification must show the address listed below.

Street Address / PO Box (indicate street address with PO Box.)

City

State

Zip Code

Primary Phone (Mark one.)  Home  Cell  Business

Alternate Phone (Mark one.)  Home  Cell  Business

Area Code

Area Code

May we text you?  Yes  No

Personal E-mail Address

## Educational Background

Please select one of the following:

- Current High School Student     High School Graduate     Adult Education Program  
 GED     Other \_\_\_\_\_

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_

GED Test \_\_\_\_\_

Date

Testing Location

City & State

College(s) attended (List most recent first):

Name of College

City/State

Parents highest level of education (Fill in corresponding letter from below):    \_\_\_ Parent 1    \_\_\_ Parent 2

- A. GED    B. High School Diploma    C. Vocational/Tech School    D. Some College    E. Associate Degree  
F. Bachelor's Degree    G. Some Graduate School    H. Master's Degree    I. Doctorate Degree    J. Unknown/N.A.

Have you ever been in foster care?     Never     Currently     Previously

Military Status:     Active Military     Active Reserve Military     Previously Served in Military     No Military Service

Branch \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Demographic Information

This section is voluntary. Demographic information is reported to the U.S. Office for Civil Rights under the Title IV of the Civil Rights Act of 1994 and Title IX of the Education Amendments of 1972.

**Gender:**  Male  
 Female

**Citizenship Status:**  U.S. Citizen  
 Non-Resident Alien (06)  
Country of Citizenship \_\_\_\_\_

**Ethnicity: Are you Hispanic/Latino?**

Yes  
 No

Permanent Resident  
Alien Registration Number \_\_\_\_\_  
Country of Origin ) \_\_\_\_\_

**Race: (Select all that apply.)**

White

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

Other/Unknown

## Educational Intent

I plan to start classes in 20\_\_\_\_.  Fall (Aug./Sept.)  Winter (Jan.)  Spring/Summer (May/June)

Student Status (Check one.)

- First time in any college  
 Former GOCC student: Last year attended \_\_\_\_\_  
 Transfer (Previous enrollment at another college)  
 Guest student from another college  
 Taking classes while in high school

*Note: Please submit the **GLEN OAKS NOW!** Application.*

I plan to (Check one.)

- Earn an Occupational Certificate or Associate Degree  
 Transfer to a college or university  
 Gain skills for a new occupation, retrain, or advance in my present position  
 Satisfy a personal interest  
 My educational plans are uncertain at this point

The anticipated program of study I wish to pursue: (Please refer to the program/codes in center section.)

\_\_\_\_\_  
(Code #)                      (Certificate Program)                      (Code #)                      (Degree Program)

If program of interest is not listed, please enter the name here \_\_\_\_\_

Please check this box if you intend to only take online classes through the Distance Learning Center.

If you have questions, please contact the GOCC Admissions Office toll free at 1-888-994-7818 or 269-294-4253.

**I certify that the information given on this application is correct and complete to the best of my knowledge. I agree to observe all the rules and regulations of Glen Oaks Community College, and I understand that false information on this application may result in my dismissal from the college. By signing this application, I am also granting permission for the institution to use my image for marketing, communication, and advertising/promotional purposes. If I do not want my image used in these materials, I must state my objection to the photographer/videographer during the shoot and/or in writing, or submit my request to the Director of Communications and Marketing.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of Glen Oaks Community College that no discriminatory practices based on gender/sex, race, religion, color, age, national origin, disability, height, weight, or any other status covered by federal, state, or local law be allowed in providing instructional opportunities, programs, services, employment or in policies governing student conduct and attendance. Any person believing that Glen Oaks Community College or any part of the organization has engaged in a discriminatory practice should contact the Title IX Coordinator at 62249 Shimmel Rd., Centreville, MI 49032; (269) 294-4230 or thowden@glenoaks.edu. office A53.

**Office Use Only:**

**C Date** \_\_\_\_\_ **L Date** \_\_\_\_\_ **ID Number** \_\_\_\_\_